Individuals

Life Insurance Policy T&Cs

For members with a life insurance policy whose policy year starts on or between 01 April 2025 and 31 December 2025.

William Russell

Platinum Trusted Service Award 2025 feefo

3 YEARS RUNNING

Welcome to William Russell

Thank **you** for choosing an International life insurance **policy** from William Russell.

This document sets out the terms, conditions, exclusions and restrictions of the cover **we** provide. Please read through it carefully, as it does include important information about when **we** do and when **we** do not provide cover, and it tells **you** when **you** need to make **us** aware of changes in **your** personal circumstances, including changes in **your** health, occupation, and location.

Certain words **we** use within this document have a special meaning to which **we** would like to draw **your** attention. These words appear throughout the document in bold type and **we** provide their precise meaning in the Definitions section.

All web addresses in this document are live. Simply click on a link and **you** will be taken directly to **our** website.

We are of course always at the end of the telephone to answer any queries **you** may have. **You** can find **our** contact details below.

This is some information about the companies involved in **your policy**:

William Russell Europe SRL

William Russell Europe SRL is the administrator of **your policy**. **We** are **your** point of contact for any questions **you** may have about **your policy**.

William Russell Europe is registered in Belgium with the Financial Services and Markets Authority (FSMA), and **we** are authorised to act as an underwriter and administrator on behalf of AWP Health & Life SA.

AWP Health & Life SA

AWP Health & Life SA is the **insurer** of **your policy**. AWP Health & Life SA is regulated by the French Prudential Supervisory Authority "Authorite de Controle Prudentiel et de Resolution" (ACPR), located at Eurosquare 2, 7 rue Dora Maar, 93400 Saint-Ouen, France. AWP Health & Life SA is authorised to carry out insurance activities in accordance with the provision of the Insurance Code in France. AWP Health & Life SA is part of the Allianz group of companies.

The William Russell Association for Health, Financial Protection and Well-being

By taking out an international life insurance **policy** from William Russell **you** have become a member of the William Russell Association for Health, Financial Protection and Well-being (WRA). The International Life **policy** is only available to Association members. The insurance cover is provided by a contract between the WRA and AWP Health & Life SA. The terms, conditions and exclusions of this insurance contract are set out in this document. **You** can find the rules that apply to **your** membership of the WRA on **our** website.

Your right to cancel your policy within 30 days

If **we** receive **your** written instruction to cancel the **policy** within 30 days of **your entry date**, provided **you** have made no claim on **your policy**, **we** will cancel **your policy** from inception and refund the **premium you** have paid to us.

If **we** receive **your** instruction to cancel more than 30 days after **your entry date**, the terms of **our** cancellation **policy** will apply.

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How to contact us

If **you** need to contact **us you** can write, phone or email:

If you have an enquiry about your policy or insurance

Available from 9:00am to 5:00pm (UK time), Monday to Friday

Phone: +44 1276 486 455
Email: contact@william-russell.com

If you need to make a claim

Available from 6:00am to 6:00pm (UK time), Monday to Friday

Phone: +44 1276 486 460
Email: claims@william-russell.com

If you'd like to write to us

William Russell Europe SRL
Place Marcel Broodthaers, 8
1060 Saint-Giles
Brussels, Belgium

Definitions

Certain terms in this **policy** have a special meaning. These terms are in bold type, and each one is defined below, or in the **policy**.

Accidental bodily injury

Means a physical injury sustained due solely and directly to an external, violent and visible cause, including continuous or repeated exposure to conditions which were neither expected nor intended.

Allowable benefit increase limit

Means the amount **you** can apply to increase **your benefit** at any **annual renewal date**, without having to answer any questions about **your** health. The **allowable benefit increase limit** is 10% of **your benefit** at **your entry date**, subject to a maximum increase of US$50,000. All **benefit** increases must be within the maximum **benefit** limits. If **your policy** has **special terms**, **you** may not be eligible for the **allowable benefit increase limit**. If **you** are not eligible, it will be stated on **your certificate of insurance**.

Annual renewal date

Means the date on which the **policy** falls due for renewal.

Benefit

Means the sum payable in the event of **you** suffering an event covered by the **policy**.

Certificate of insurance

Means the document **we** issue which sets out the **benefits**, terms, conditions and any **special terms** that specifically apply to **your policy**.

Country of residence

Means the country where **you** live, or where **you** spend the majority of **your** time.

Dependent child

Means **your** biological, or legally adopted, or stepchild who is under **your** legal guardianship, and who is under the age of 18. A stepchild is defined as the child of **your** current spouse or partner.

Dividends

Means income **you** receive that has been distributed from the profits made by the business **you** are employed by. No other type of dividend payment will be considered. If **your** dividend payments fluctuate, **we** will take an average of **your** dividend payments over the three years prior to **your entry date**.

Entry date

Means the date when **your policy** first starts.

Insurer

Means AWP Health & Life SA.

Policy

Means this document, its appendices and the webpages to which it links, which all together with **your certificate of insurance** and other information **you** provide **us** with regarding the risk **you** are asking **us** to take, makes up **your** contract of insurance with **us**.

Pre-existing medical conditions

Pre-existing medical conditions mean conditions **you** had before, or at the time of **your entry date**, (or before, or at the time **you** make an application for an increase in **benefit**). **You** will not be insured for pre-existing conditions unless **you** have fully disclosed them on **your** application form for cover, and **we** have agreed to cover them, or **we** have agreed to cover them with **special terms**. **Pre-existing medical conditions** include conditions **you** may have known about, even if **you** hadn't yet sought medical help.

Policy year

Means **your** annual **policy year** from **your entry date**, and then from each subsequent **annual renewal date** when **your policy** is renewed.

Premium

Premium means the amount(s) **you** are required to pay to **us** for this **policy**.

Salary

Means the basic annual **salary you** are earning at the time of **your entry date**. This will include **dividends**, contractual bonuses, and maternity or paternity pay. Payments such as discretionary bonuses, overtime, and **benefits** in kind such as, (but not limited to), a car and/or living allowance, are not included as **salary**.

If **your** earnings are based directly on **your** sales performance, **we** will consider 50% of the commission earnings paid to **you** during the twelve months prior to **your entry date**. If **your** commission earnings fluctuate each year, **we** will consider 50% of the average of **your** commission earnings over the three years prior to **your entry date**.

Special terms

Mean exclusions, restrictions or conditions that apply to **your** cover.

We/our/us

Means William Russell Europe SRL on behalf of AWP Health & Life SA.

Underwriting

Means the information **we** require from **you** to make **our** assessment of the risk **you** are asking **us** to take.

You/your

The **policy**holder as named on **your certificate of insurance**.

Your policy

Your contract with us

The following documents together make up the contract between **you** and us:

- **your** application form and all other information **you** have given us, including, but not limited to, information about **your** health, **your** occupation, recreational and sporting activities **you** participate in, and **your** location.
- **your certificate of insurance**
- this **policy** and its appendices
- any webpage links contained within this **policy**

Your obligations under this policy

It is important that **you** have provided **us** with accurate, complete and truthful information when applying to **us** for cover.

We use the information **you** give **us** in **your** application form, and any other information **you** provide to **us** to enable **us** to assess the risk **you** are asking **us** to take.

You must disclose to **us** complete information about all **your pre-existing medical condition**.

Making a full disclosure about your occupation, all sporting and recreational activities, and location

You must also give **us** full and accurate information about **your** occupation, all sporting and recreational activities in which **you** participate, and **your** location.

The consequences of not making an accurate, complete and truthful disclosure

If **we** reasonably suspect that **you** have misled us, or attempted to mislead us, whether intentionally or carelessly by omitting to provide information, and/or providing incomplete information, **we** may take any of the following actions:-

- Declare **your policy** null and void from its **entry date**. If **we** do this, **we** will not refund any **premium you** have paid to us.
- Change the terms of **your policy** from its **entry date** by imposing **special terms**, and/or changing the **premiums we** charge to provide cover.
- Reduce **your policy**'s **benefit**(s) in proportion to the difference between the **premium you** paid, and the **premium we** would have charged **you** if **you** had provided accurate and/or complete information. For example if **we** would have doubled **your premium**, **we** will halve **your benefit**.

Changes you must tell us about

There are certain changes in **your** personal circumstances that **you** must tell **us** about.

A change in your health between signing your application form and your policy entry date

You must tell **us** if there is any change in **your** health between **you** signing **your** application form and **your entry date**. Any change in **your** health will be subject to **underwriting** and **we** will not pay a claim that arises from any condition or accident that occurs between the date **you** sign **your** application form and **your entry date**.

When you change your occupation

You must tell **us** if **you** change **your** occupation, and **you** must give **us** full details about **your** new occupation.

When you plan to participate in any sport or recreational activity

You must tell **us** if **you** plan to participate in any sporting or recreational activity that meet **our** definition of hazardous.

These changes may require **underwriting**, so it is important that **you** tell **us** about them so that **we** can tell **you** about any **special terms** that will apply to **your policy**.

When you change your country of residence

You must tell **us** before **you** change **your country of residence**.

We will no longer be able to cover **you** if **you** move to an excluded country, or if **you** move to a country where **we** are unable to provide **you** with cover for legal or regulatory reasons.

A change in **your country of residence** may result in **your** cover being cancelled if **you** move to a country where **we** are unable to provide cover, even if that country is **your** home country.

Applying for an increase in benefit

At any **annual renewal date you** may apply to increase **your benefit** within **your allowable benefit increase limit**.

The increase is not automatic. **You** must apply for it by completing an increase in **benefit** application form.

When **you** apply to increase **your benefit**, **your** renewal **premium** will be calculated based on **your** increased **benefit**.

If **your policy** has **special terms**, these **special terms** will also apply to **your** increases in **benefit**.

If **you** do not apply at any **annual renewal date**, **your benefit** will not increase. **You** cannot carry allowable **benefit** increases over to future years.

Applying for an increase in benefit above your allowable benefit increase limit

If **you** apply for an increase in **benefit** which is above **your allowable benefit increase limit**, **we** will underwrite the amount of the increase which is in excess of **your** limit.

If **we** apply **special terms**, to **your** increased **benefit**, the **special terms** will apply to the **benefit** amount **we** have underwritten.

If **we** refuse **your** application for an increased in **benefit**, **you** will still be able to increase **your benefit** by up to **your allowable benefit increase limit**.

Underwriting

To enable **us** to underwrite **your** application for increased **benefit**, above **your allowable benefit increase limit** **you** must complete an increase in **benefit** application.

Upon receipt of **your** application for an increase in **benefit**, **we** may then ask **you** for more information which may include:

- Evidence of **your** health, such as a medical examination, and/or additional tests, and details of **your** medical history from **your** usual doctor, or a doctor who has attended **you** in the past.
- Any other evidence **we** require to assess whether there is an increased risk that **you** may die or suffer an illness or injury likely to give rise to a claim under this **policy**.

If **our underwriting** finds that **we** need to apply any **special terms**, or charge an increased **premium** due to a change in **your** state of health, the **special terms** and/or additional **premium** will be applied to cover in excess of **your** original **benefit**, after **we** have taken any allowable **benefit** increase **you** are eligible for into account.

If **our underwriting** finds that **we** need to apply any **special terms**, or charge an increased **premium** due to **your** occupation, or because of **your** sporting and recreational activities, the **special terms** and/or **premium** loading will be applied to **your** whole **benefit**, (and not just the increase in **benefit**).

Obtaining reimbursement for medical examinations and tests

We will reimburse the cost of any medical examinations and expenses specifically requested by **us** provided that **you** do proceed with the increase in **benefit**, (even if **we** have imposed **special terms** on **your** increase), and provided that **your** expenses are reasonable and customary. By reasonable and customary, **we** mean that the expenses for **your** medical examination(s) or test(s) are what **we** would reasonably expect to pay in **your** location. If **we** do not consider that **your** expenses are reasonable and customary, **we** will only pay the amount which is customarily charged in **your** location, and **you** will have to pay the rest.

If **we** decline to increase **your benefit** due to medical reasons, **we** will reimburse **your** eligible expenses.

The maximum reimbursement **we** make in respect of eligible expenses will be US$750.

Reimbursement will be made in **your policy** currency, direct to **your** bank account.

If **you** cancel **your policy** within 12 months of **your entry date**, or within 12 months of an increase in **benefit**, **you** must refund any reimbursement **we** have made to **you**, and **we** have the right to deduct the amount of the reimbursement from any **premium** refund **you** may be due.

Applying for a reduction in benefit

You may apply to reduce **your benefit** from any **annual renewal date**.

Appointing a beneficiary

If **you** have not nominated a beneficiary on **your** application form, **you** can appoint or change a beneficary (or beneficiaries) at any time by completing a beneficiary nomination form.

If **you** have not appointed a beneficiary at the time of **your** death, the beneficiary of **your policy** shall be **your** spouse.

Important note

Your spouse means **your** legal spouse. In the event of a claim, a partner may not have the same rights as attributed to a legal spouse. If **you** wish the **benefit** to be paid to **your** partner, **we** recommend that **you** name **your** partner as beneficiary.

If **you** have no spouse, the beneficiary(ies) will be **your** legally declared child(ren), in equal shares.

If **you** have no spouse, and no legally declared children, **your** beneficiary will be **your** estate.

When your policy ends

Your policy will end on the earliest date on which any the following events occur:

- The expiry date of the **policy year** in which **you** reach a maximum age limit as set out in Section 5 Maximum Age Limits, of this **policy**.
- **You** move to an excluded country, or to a country where **we** are unable to provide cover due to legal reasons, regulations or sanctions, or
- **You** stop paying **premiums**, or
- **You** fail to comply with any of the conditions in this **policy**.
- **Your** death

Policy benefits

We provide the **benefits** stated on **your certificate of insurance**, subject to the maximum cover limits stated in the **policy**.

Life benefit

If **you** die during the **policy year**, **we** will pay **your** life insurance **benefit** to **your** nominated beneficiary (or beneficiaries), unless **you** are diagnosed with a terminal illness in which case the **benefit** will be paid to **you**.

Early payment of the Life benefit upon a terminal illness diagnosis

When **you** are diagnosed with a terminal illness **we**'ll pay **your** life insurance **benefit** to **you** before **your** death, provided that **our** Chief Medical Officer agrees that **your** terminal illness will lead to **your** death within 12 months of the date of diagnosis. In the event of a disagreement between **your** medical consultant(s) and **our** Chief Medical officer, the decision of **our** Chief Medical Officer is final.

If the terminal illness **benefit** is paid, no further payment will be due when **you** die.

Optional benefits

Your certificate of insurance will show if **your policy** includes any of the following additional **benefits**:

Accidental Death & Permanent Disablement benefit

If this applies, this optional **benefit** provides two types of cover:

Accidental death benefit

If **you** die as a result of an accidental injury that happens whilst **you** are covered by the **policy**, **we**'ll pay out **your** accidental death **benefit**, provided **your** death happens within one year of the date on which the accidental injury occurred, and provided **your policy** is still in force at the time of **your** death.

Accidental permanent disablement benefit

If **you** suffer an accidental injury that happens whilst **you** are covered by the **policy**, and results in a permanent disablement specified in Appendix 1, **we**'ll pay out the percentage of the accidental death and permanent disablement **benefit** specified.

If **you** suffer several disablements due to the same accident, **we** calculate the total **benefit** by adding together each permanent disablement **benefit**, subject to the maximum **benefit** insured.

A list of the disablements covered are set out in the Compensation schedule in Appendix 1

Adult Critical Illness benefit

The Adult Critical Illness **benefit** pays **you** a lump sum if **you** are diagnosed with an illness specified in Appendix 2, after the expiration of the applicable waiting period.

The waiting period is the period from **your entry date** or from the date the Adult Critical Illness **benefit** is added to **your policy** if later. The waiting period is either a three month or a seven month period.

No **benefit** is paid in respect of an illness diagnosed prior to or during the applicable waiting period.

The list of specified illnesses and their applicable waiting periods are as set out in Appendix 2.

We will only pay one Adult Critical Illness claim. Once **we** have paid **your** Adult Critical Illness **benefit**, **your** cover under the Adult Critical Illness **benefit** will automatically cease.

Child Critical Illness benefit (for dependent children)

The Child Critical Illness **benefit** pays out a lump sum of US$5,000 or £5,000 or €5,000 to **you** when a insured dependent is diagnosed with an illness specified in Appendix after the expiration of the applicable waiting period.

The waiting period is the period from **your entry date** or from the date the Child Critical Illness **benefit** is added to **your policy** if later. The waiting period is either a three month or a seven-month period.

No **benefit** is paid in respect of an illness diagnosed prior to or during the applicable waiting period.

You must provide **us** with the full name and date of birth of each dependant child when **you** apply for cover, or when **you** apply to add a new **dependent child** to **your policy**.

We will only pay one Child Critical Illness claim per child. Once **we** have paid a Child Critical Illness **benefit**, cover for that child will automatically cease.

Funeral Costs & Repatriation benefit

We will pay a lump sum of US$5,000 or £5,000 or €5,000 if **you** die as the result of an event covered by the **policy**. This **benefit** is payable in addition to the life insurance **benefit**.

Maximum benefit limits

In the event of a valid claim **we** will pay **your benefit**, subject always to the following maximum amounts and limitations:

Life benefit

The life **benefit we** pay under this **policy** cannot exceed twenty times **your salary** at the time **you** apply for the **policy**, and is also subject to a maximum life insurance **benefit** of US$2,000,000. For sterling **policies** the maximum life insurance **benefit** is £1,600,000. For Euro **policies**, the maximum life insurance **benefit** is €1,800,000.

If **you** have no **salary** at the time **you** make **your** application for cover, **your** maximum Life **benefit** is US$200,000 or £160,000 or €180,000.

Optional benefits

Accidental Death & Permanent Disablement benefit

The Accidental Death & Permanent Disablement **benefit** cannot exceed **your** Life **benefit** and is subject to an aggregate maximum limit of US$1,000,000 for all **benefits** within it. **Benefit**(s) payable under the accidental permanent disablement **benefit** are subject to a sub limit of US$500,000. For sterling **policies**, the maximum **benefit** limits are £800,000 with a sub limit of £400,000 for the accidental permanent disablement **Benefit**, and for Euro **policies** the maximum **benefit** limits are €900,000 with a sub limit of €450,000 for the accidental permanent & disablement **Benefit**.

Adult Critical Illness benefit

The Adult Critical Illness **benefit** cannot be more than 50% of **your** Life **benefit** and is subject to a maximum **benefit** of US$100,000. For sterling **policies** this limit is £80,000, and for Euro **policies** the limit is €90,000.

Child Critical Illness benefit

US$5,000. For sterling **policies** this limit is £5,000, and for Euro **policies** the limit is €5,000.

Funeral Costs & Repatriation Benefit

US$5,000. For sterling **policies** this limit is £5,000, and for Euro **policies** the limit is €5,000.

Minimum & maximum age limits

Minimum age limits

The minimum age limit for all **benefits** is 18, with the exception of the Child Critical Illness **benefit** where no minimum age limit applies.

Maximum age limits

Life benefit

You can renew **your policy** until **you** reach age 74. **You** cannot renew **your policy** once **you** reach age 75.

Accidental Death & Permanent Disablement benefit

If **you** have selected this **benefit**, **you** can retain **your** cover until the first renewal date after **you** reach age 69. **We** will remove this **benefit** from **your policy** on the first renewal date after **you** reach age 70.

Adult Critical Illness benefit

If **you** have selected this **benefit**, **you** can retain **your** cover until the first renewal date after you reach age 64. **We** will remove this **benefit** from **your policy** on the first renewal date after **you** reach age 65.

Child critical illness benefit

If **you** have selected this **benefit** for one dependent child or more, they can retain their cover until their 18th birthday. **We** will remove this **benefit** from **your policy** on each child's 18th birthday.

Funeral Costs & Repatriation benefit

If **you** have selected this **benefit**, **you** can retain **your** cover until the first renewal date after **you** reach age 69. **We** will remove this **benefit** from **your policy** on the first renewal date after **you** reach age 70.

Premiums

Your certificate of insurance shows the **premium** frequency **you**'ve chosen.

If **you** pay an annual **premium**, the **premium** is due at **your policy entry date** and on each subsequent **annual renewal date**. If **you** pay monthly, quarterly or half-yearly **premiums**, the **premium** is due at the start of each payment interval.

Premiums must be paid in advance of the date on which they fall due.

Currency

You must pay all **premiums** in **your policy** currency. The **certificate of insurance** shows **your policy** currency.

How we calculate your premiums

We calculate **your premium** according to **your** age at **your entry date**. **Premiums** are age related and will increase each year as **you** get older.

How we calculate premiums for mid-year changes

Premium adjustments in respect of changes in **benefit** and/or changes in risk will be debited or credited on a pro-rata basis from the date of the change.

When we can change your premium mid-year

We can change **your premium** if there is a material change to the risk **you** are asking **us** to take. The circumstances under which **we** can change the **premium** rates mid **policy year** are stated below.

- **Your country of residence** changes;
- **You** change **your** occupation, or the tasks and activities in **your** declared occupation change;
- **You** participate in hazardous sports or activities;

All of the above changes are subject to **underwriting**, and **we** may charge extra **premium**, and/or apply **special terms**.

Insurance premium tax

Insurance **premium** tax will be added to **your premium** in countries where insurance **premium** tax is applicable by law.

Non-payment of premiums

If **you** don't pay a **premium** within 30 days of the date it is due, **we** will cancel **your policy**. If **you** are having difficulties paying a **premium**, please contact **us** as soon as possible to discuss **your** circumstances and what options might be available to **you**.

If **your policy** is cancelled due to non-payment of a **premium**, **you** will have to re-apply for a new **policy**. This means that **you** will have to go through **underwriting** again, and **we** may apply **special terms** to **your** new **policy**, or **we** may decline to offer **you** a new **policy**.

When we can review premiums

Future **premium** rates are not guaranteed. **We** review **premiums** annually, and **we** may change the way calculate **premiums** in the future.

Renewing your policy

We will send **you your** renewal invitation at least four weeks prior to **your** renewal date.

You must pay **your** renewal **premium** on or prior to the date it is due.

We recommend that **you** review **your** Life benefit regularly to make sure it still fits **your** needs.

Each time **your** policy renews once **you** reach age 70, **your premiums** will increase at a higher rate than before. **We** also reserve the right to reduce **your** Life benefit once **you** reach age 70.

Cancelling your policy

When you can cancel your policy

You may instruct **us** to cancel **your policy** at any time. **We** will cancel **your policy** from the date **we** receive **your** written instruction, but not before. If **your policy** has been in force for a period of at least six months, and provided **you** have made no claim, **you** may be entitled to a pro-rata refund in **premium**.

No **premium** refund will be made if **you** cancel **your policy** within six months of **your entry date**, unless **you** are cancelling under the terms of **your** right to cancel within 30 days .

If **we** receive **your** instruction to cancel **your policy** within 12 months of **your entry date**, (or within 12 months of an increase in **benefit**), **we** will deduct the amount of any medical fees reimbursement **we** have made to **you** from **your premium** refund.

When we can cancel your policy

We can cancel **your policy** from the date before a **premium** due date when:

- **You** don't pay a **premium** within 30 days of the date it is due
- **You** don't pay a renewal **premium** within 30 days of the date it is due

If **you** are in difficulty and unable to pay **your premium** in time, please contact **us** as soon as possible to discuss **your** circumstances and what options might be available to **you**.

We can cancel **your policy** immediately when:

- **You** don't provide the information **we** ask for to enable **us** to administer **your policy**
- **You** are in, or **you** travel to an excluded country or region (as stated in Section 12), and/or a country where sanctions apply
- **We** reasonably suspect that **you** have misled **us** or attempted to mislead us, whether intentionally or carelessly at any time by:
    - Providing **us** with incomplete or false information
    - Working with another party to provide false information
    - Making a claim under this **policy** knowing it to be dishonest, intentionally exaggerated, or fraudulent in any way
    - Changing original documents.

When **we** cancel **your policy** for any of the above reasons **we** will not refund any **premium you** have paid to **us** and **we** may report the matter to the relevant authorities. **We** also have the right to recover from **you** the cost of any claims **we** have paid.

We can cancel **your policy** from **your** next **annual renewal date** when:

- **Your country of residence** is or becomes a country where **we** are unable to offer cover due to local laws or regulations which prevent **us** from offering cover in that country.

Policy exclusions

No **benefit** will be paid if a claim under this **policy** relates to or arises directly or indirectly from any of the following causes:

General exclusions relating to all benefits

The following exclusions apply in respect of all **benefits**:

Pre-existing medical conditions

Pre-existing medical conditions are conditions **you** had before **your entry date**. **You** will not be insured for pre-existing conditions unless **you** have disclosed them on **your** application form for cover, and **we** have agreed to cover them, or **we** have agreed to cover them with **special terms**. **Pre-existing medical conditions** include conditions **you** may have known about before **your entry date**, even if **you** hadn't yet sought medical help.

Participating in an illegal activity

We will not pay a claim which happens when **you** are committing, attempting, or participating in an activity that is illegal in the country where it takes place.

Active participation in war, war like activities or terrorist activities

We will not pay a claim when **you** are an active participant in war, warlike activities, military action, civil-war, rebellion, revolution, insurrection, mutiny, riot, strike, and/or any act of terrorism.

Nuclear reaction

The consequences of a claim resulting from a nuclear reaction

Suicide, or the consequences of attempted suicide or intentionally self-inflicted injuries or illnesses.

We exclude all claims where the cause is suicide, or attempted suicide, or intentionally self-inflicted injuries, whether **you** were sane, or insane.

In the case of a claim under the life insurance or terminal illness **benefit**, this exclusion only applies during **your** first 12 months of cover, and to any subsequent increases in cover for a period of 12 months from the date of the increase.

This exclusion applies permanently in respect of all other **benefits**.

Flying

When **you** are in any kind of aircraft unless **you** are travelling as a fare paying passenger in a commercial aircraft.

Professional sport and all forms of racing

Participation in any form of racing as an amateur or as a professional, or participating in any kind of professional sport, including training or practicing of any kind.

Hazardous sports and activities

Claims that occur whilst **you** are participating in a hazardous activity. Please visit **our** website for examples of sports and activities **we** deem to be hazardous.

Additional exclusions relating to the Accidental Death & Permanent Disablement benefit

No **benefit** will be paid if death or **accidental bodily injury** is caused by any of the following events or causes:

War, war like activities and terrorism—even as an innocent bystander

This includes war, warlike activities, military action, acts of foreign hostilities, (whether or not war is declared), civil-war, rebellion, revolution, insurrection, usurped power, mutiny, riot, strike, martial law, state of siege, attempted overthrow of government, and any act of terrorism.

A violent act—even as an innocent bystander

This includes murder, attempted murder, kidnap, (including attempted kidnap or attempted rescue from kidnapping), or assault of any kind, anywhere in the world.

Gross negligence and deliberate exposure to exceptional danger

When **you** negligently or deliberately expose **yourself** to exceptional danger except when **you** are attempting to save a human life.

Whilst under the influence of alcohol or drugs

Whilst **you** are under the influence of alcohol or drugs, or the misuse of prescribed medication.

Any illness or disease

Food poisoning or bacterial infections

Except infection which occurs through accidental cut or wound.

Intentional inhalation of gas, or intentional ingestion of poisons or drugs

Intentionally contracted infection by bacteria or virus

Additional exclusions relating to the Critical Illness benefit

The full list of exclusions for each critical illness are stated in Appendix 2 and 3.

Alcohol and drug abuse

Illness that is caused as a result of the abuse and/or misuse of alcohol, drugs, and/or prescribed medication.

Cancer arising from HIV/AIDS

Cancer that, in **our** reasonable opinion, is caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or by any Human Immunodeficiency Virus (HIV) infection, as defined by the World Health Organisation.

For this reason, if a cancer is diagnosed, **we** may ask **you** to undergo a blood test for HIV, before **we** can confirm if **you** are covered. If the blood test results indicate the presence of any HIV or antibodies such as a virus, **we** will consider that there is an AIDS or HIV infection, and therefore, **you** will not be covered.

Excluded countries & regions

There are certain countries and regions where **we** are unable to provide cover due to political, and/or regulatory reasons, or because sanctions prevent **us** from doing so.

If an insured event that gives rise to a claim occurs whilst **you** are in an excluded country, **we** will not pay that claim. Visit **our** website for a full list of the countries where **we** do not provide cover.

Please note that the list of excluded countries does change from time to time as new countries are added to the sanctions list, and new political situations arise.

Excluded countries and regions also include countries or regions where the UK Foreign, Commonwealth & Development Office (FCDO) has advised its citizens to leave. **You** can check the current advice offered by the FCDO about a particular country or region at it's website.

Countries where sanctions apply

We won't provide **you** with any services or **benefits** if in doing so **we** violate, or may risk violating, any applicable (including UK, EU and USA [Office of Foreign Asset Control]) sanctions, laws or regulations. This could result in **us** having to amend or terminate **your policy** with **us**.

We may cancel **your policy** if **we** consider **you** a sanctioned person, or if **you** conduct an activity that is sanctioned according to trade or economic laws and regulation.

Making a claim

The information we will need

If **you** need to make a claim, please contact **us** as soon as possible by phone or by email where **our** team will guide **you** through the claims process. **We** will allocate a case manager who will help **you** through the next steps.

You must provide **us** with all the information **we** request to assess the claim properly. If **we** don't have all the information **we** need, **we** may not pay a claim.

For a life claim, or a claim for funeral expenses, **we** will need a certified copy of **your** death certificate.

For an accident claim, **we** may require additional reports such as police and ambulance reports, when relevant.

For all claims (including critical illness) **we** will need detailed medical reports to establish the cause of the illness or injury that causes the claim.

Unless previously provided, **we** will also need evidence of the **salary** being received at the **policy's entry date**

We will let **you** know what other documentation **we**'ll need.

All copies of documents **we** ask for must have been certified by a lawyer or notary.

Once **we** have all the evidence **we** need, **we** will tell **you** whether **we**'ve accepted the claim.

Time limitation on claims

We won't accept any claims **we** receive more than two years after the event that gives rise to a claim.

Claims if the policy ends

If the **policy** ends and **you**'ve paid all **premiums** due up to the date it ends, **we**'ll consider any valid claims that happened before the date the **policy** ended.

Payment of claims

Claims are paid in the currency of the **policy** to **you**, or, if **you** are deceased, to **your** nominated beneficiary(ies).

Fraudulent Claims

If **you** or anyone acting on **your** behalf makes a claim which is in any way fraudulent, **we** will be entitled to refuse to pay the whole of the claim and recover any sums that **we** have already paid in respect of the claim.

We may also notify **you** that **we** will be treating the **policy** as having terminated with effect from the date of the fraudulent claim.

If **we** terminate the **policy** under this condition **you**'ll have no cover under the **policy** from the date of termination and **you** won't be entitled to any refund of **premium**.

General conditions that apply to the policy

Law & Arbitration

All disputes arising out of or in connection with the **policy** shall be finally settled under the Rules of Arbitration of the International Chamber of Commerce of Paris by one or more arbitrators appointed in accordance with the said rules, and shall take place in Paris. The arbitration shall be conducted in English, and French law will apply. A sole arbitrator shall be appointed by the International Chamber of Commerce of Paris unless the parties to the dispute both agree otherwise.

Time limits for legal actions

In accordance with Articles L.114-1 to L.114-3 of the French Insurance conde, the following rules apply to the time limits for bringing legal actions related to this insurance **policy**.

Under Article L.114-1 actions arising from an insurance contract must be initiated within two years of the event that gave rise to them. In the event of concealment, omission, false or inaccurate declaration of the risk involved, this time period runs from the day on which the **insurer** became aware of it. In the event of a claim of damages this time period runs from the day on which the interested parties become aware, providing they can prove they were unaware until then. When the action of the Insured Party against the **Insurer** is due to the action of a third party, the time period runs from the day on which the third party initiated legal proceedings against the Insured Party or was compensated by him.

The time period is extended to ten years in life insurance contracts when the beneficiary is a person distinct from the **policy**holder and, in accident insurance contracts affecting people, when the beneficiaries are the beneficiaries of the deceased insured party.

For life insurance contracts, notwithstanding the provisions for claims of damages, the actions of beneficiaries are limited to thirty years after the death of the Insured Party.

Under Article L.114-2 the time periods for action detailed above are interrupted by one of the ordinary causes of interruption as provided for by law, by the appointment of experts following an incident or by the sending of a registered letter with return receipt requested sent by the **Insurer** to the Insured Party regarding the action for the payment of the **premium** and by the Insured Party to the **Insurer** for the payment of the compensation.

Under Article L.114-3 the time periods above may not be modified, even by mutual agreement, and the grounds for suspension or interruption may not be added to.

Confidentiality

We'll treat the information provided to **us** in connection with this **policy** as confidential except where it:

- was legitimately in **our** possession before **you** gave it to **us**;
- was or is already generally available to the public;
- is trivial or obvious; or
- is required to be disclosed to fulfil an obligation under the **policy**.

We won't disclose confidential information to any person other than **our insurer**s, re**insurer**s, professional advisers and auditors, employees and employees of other companies in **our** group, or where **we** are required to disclose to a legal or regulatory authority.

Data Protection

How we process your information

Your policy is underwritten by AWP Health & Life SA and administered by William Russell Europe SRL. This is a summary of **our** respective Privacy **Policies**. **You** can find full copies here:

William Russell	william-russell.com/privacy
AWP	allianzcare.com/en/privacy

The following statements refer to the personal information of **your** employees.

The information we collect

We collect information about **you** from **you**, **your** insurance adviser, (if **you** have one), **your** previous healthcare providers and other third parties involved in the arranging and administering of **your policy**. **We** collect information as part of **your** application, and in correspondence by phone, email, post or other means of communication. This information may include sensitive personal information such as information relating to **your** physical or mental health.

Failing to provide the personal information **we** require in order to underwrite and administer **your policy**, or to process **your** claims, could result in **your** claims being rejected or not being fully paid, or **your policy** being cancelled.

How we use personal information

We will only collect information that is necessary to provide **you** with the products and services **we** offer. These include **underwriting** and administering **your policy**, processing **your** claims, **our** legitimate business interests, compliance with legal and regulatory obligations, research or statistical analysis to help **us** improve **our** services and communicating with **you**.

We will only use **your** information in ways that **we** are permitted to do so by law. Where the use of **your** personal information relies on **your** consent, **you** will be able to withdraw **your** consent at any time, but if **you** do so **we** may not be able to process claims or manage the **policy** properly.

Who we may share information with

We may disclose **your** personal information to selected third parties for the purposes detailed above, including to **our** providers of payment services, organisations (such as regulatory authorities) where **we** have a duty to disclose or share personal information to comply with legal obligations, providers of research, marketing, and analysis services, the **insurer**s or re**insurer**s of **your policy**, **your** insurance adviser (if **you** have one).

Your personal information may be disclosed to other parties (such as other insurance companies) with a view to preventing fraudulent or improper claims.

William Russell will never sell **your** personal information to third parties.

Processing claims

In the event of a claim **we** may have to give some information to those involved in **your** treatment or care. This will be done confidentially.

How we keep, store and dispose of personal information

We hold **your** information in various forms, including electronic databases, computerised files and paper files. Information may be held for a period after **your policy** ends with a view to preventing or detecting fraud, or as **we** are required to under Belgian, French or UK law. When **we** dispose of personal information, **we** will do so securely. **We** may continue to keep non-personally identifiable information for the purposes of research and statistical analysis to improve the services **we** offer.

Where we store personal information

The personal information **we** collect may be transferred and stored at a destination outside the European Economic Area (EEA). It may also be processed by staff operating outside of the EEA who work for **us** or one of **our** suppliers. **We** will take all steps necessary to ensure that **your** personal information is treated securely and in accordance with this data protection notice.

Obtaining a copy of the information we hold

You have the right to request a copy of the information **we** hold about **you**. **You** also have the right to restrict or object to how **we** use **your** information, or to request that any inaccurate information be corrected. To exercise these rights **you** may contact:

The Data Protection Officer
William Russell Europe SRL
Place Marcel Broodthaers, 8
1060 Saint-Gilles
Brussels, Belgium

Phone +44 1276 486455
Email contact@william-russell.com

If **you** believe **we** are not processing **your** personal data in accordance with the law, **you** can complain to:

The Data Protection authority
Rue de la Presse-Drukpersstraat, 35
1000 Brussels, Belgium

Complaints

At William Russell, each one of **our** members is important to **us**. **We** believe that **you** have the right to professional customer service of the highest quality, at all times. If **you** think **we** have fallen short of this standard, please follow the procedures outlined below.

If **you** are not happy with the service **you** have received, **you** may contact **us** using the information below at any time at the following address:

William Russell Europe SRL
Place Marcel Broodthaers, 8
1060 Saint-Gilles
Brussels, Belgium

Phone +44 1276 486 455
Email contact@william-russell.com

We will acknowledge receipt of **your** complaint within 2 working days. **We** will investigate **your** complaint and send a response to **you** within 4 weeks of the receipt of **your** complaint. If **we** are unable to provide **you** with a final response within this time period, **we** will write to **you** advising **you** of when **we** will be able to respond. **We** will endeavour to send a final response to **you** within 8 weeks of the receipt of **your** complaint. If **we** are unable to provide **you** with a final response within this time period, **we** will write to **you** again explaining why and advising **you** of when **you** may expect a final response.

If **you** are unhappy with the way that **we** have dealt with **your** complaint **you** may be able to refer the matter to the French Insurance Mediator without prejudice to the possibilities of legal action.

La Médiation de l'assurance
TSA 50 110
75441 Paris Cedex 09
France

Web mediation-assurance.org
Email info@ombudsman-insurance.be
Web La Médiation étape par étape - La Médiation de l'Assurance

None of this information in this section affects **your** legal rights.

Appendix 1

Accidental permanent disablement benefit

Permanent disablement not specified in the compensation schedule will be compensated according to their severity compared to similar disablement specified in the compensation schedule.

The compensation schedule assumes that **your** employee's right hand is dominant. If their left hand is dominant, the percentages stated for the left and right upper limbs will be transposed.

The Compensation schedule

	Benefit	Overall (or either)	Left Non-dominant	Right Dominant
Full coverage	Total and irrecoverable loss of sight in both eyes	100%		
	Loss of, or loss of use of, both arms or both hands	100%		
	Complete and permanent deafness of both ears	100%		
	Removal of lower jaw bone	100%		
	Permanent loss of speech	100%		
	Loss of, or loss of use of, one arm and one leg	100%		
	Loss of, or loss of use of, one arm and one foot	100%		
	Loss of, or loss of use of, one hand and one leg	100%		
	Loss of, or loss of use of, one hand and one foot	100%		
	Loss of, or loss of use of, both legs	100%		
	Loss of, or loss of use of, both feet	100%		
Head	Loss of osseous substance of the skull in all its thickness:			
	surface of at least 5 sq. cm	40%		
	surface of 3 to 5 sq. cm	20%		
	Partial removal of the lower jaw, rising section in its entirety or half of the maxillary bone	40%		
	Total and irrecoverable loss of sight in one eye	40%		
	Complete and permanent deafness in one ear	30%		
Upper Limbs	Loss of, or loss of use of, one arm or one hand		50%	60%
	Permanent loss of one bone in the arm		40%	50%
	Total paralysis of the upper limb (incurable lesion of the nerves)		55%	65%
	Total paralysis of the circumflex nerve		15%	20%
	Shoulder ankylosis		30%	40%
	Elbow ankylosis:			
	in a favourable position (15 degrees round the right angle)		20%	25%
	In an unfavourable position		30%	40%
	Permanent loss of two bones in the forearm		30%	40%
	Total paralysis of the median nerve		35%	45%
	Total paralysis of the radian nerve at the torsion cradle		35%	40%

The compensation schedule (continued)

	Benefit	Overall (or either)	Left Non-dominant	Right Dominant
Upper Limbs Continued	Total paralysis of the forearm radian nerve		25%	30%
	Total paralysis of the hand radial nerve		15%	20%
	Total paralysis of the cubital nerve		25%	30%
	Ankylosis of the wrist in favourable position (straight and pronation)		15%	20%
	Ankylosis of the wrist in unfavourable position (flexion or strained extension of supine position)		25%	30%
	Total loss of thumb		15%	20%
	Simultaneous amputation of thumb and forefinger		25%	35%
	Amputation of thumb and finger other than forefinger		20%	25%
	Amputation of three fingers other than thumb and forefinger		15%	20%
	Amputation of four fingers including thumb		40%	45%
	Amputation of four fingers excluding thumb		35%	40%
Lower Limbs	Amputation at the thigh (upper half)	60%		
	Amputation at the thigh (lower half and leg)	50%		
	Total loss of foot (tiblo-tarsal disarticulation)	45%		
	Partial loss of a foot (tiblo-tarsal disarticulation)	45%		
	Partial loss of foot (sub ankle bone disarticulation)	40%		
	Partial loss of foot (medio-tarsal disarticulation)	35%		
	Partial loss of foot (tarso-metatarsal disarticulation)	30%		
	Total paralysis of lower limb (incurable nerve lesion)	60%		
	Complete paralysis of the external poplitic sciatic nerve	30%		
	Complete paralysis of the internal poplitic sciatic nerve	20%		
	Complete paralysis of two nerves (poplitic sciatic external and internal)	40%		
	Ankylosis of the hip	40%		
	Ankylosis of the knee	20%		
	Loss of osseous substance from the thigh or bones of the leg (incurable condition)	60%		
	Loss of osseous of the knee-pan with considerable separation of the fragments and considerable difficulty of movements in stretching the leg	40%		
	Loss of osseous substance of the knee-pan while the movements are preserved	20%		
	Shortening of the lower limb:			
	by at least 5 cm	30%		
	by 3-5 cm	20%		
	Total amputation of all toes on one foot	25%		
	Amputation of four toes (including the big toe)	20%		

Appendix 2

The Adult Critical Illness benefit

We will pay out a cash lump sum as specified in the **certificate of insurance** to the member if they suffer from a critical illness as per the schedule below.

The critical illnesses will all have a **waiting period**. Any medical conditions that have been diagnosed or treated, prior to or during the waiting period are not covered.

Specified Illnesses with a 3-month waiting period

Illness	What is covered	What is not covered
Arteriovenous malformation of the brain (requiring surgical treatment)	The **benefit** is payable if surgical intervention is required following Arteriovenous malformation (AVM) of the brain that required craniotomy, endovascular repair or radiosurgery	
Benign Brain Tumour (requiring surgical treatment)	The **benefit** is payable if surgical intervention has been required due to a non-malignant tum**our** or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.	✕ Tumours in the pituitary gland ✕ Tumours originating from bone tissue ✕ Angioma and cholesteatoma
Benign Tumour Spinal Cord Tumour (requiring surgical treatment)	The **benefit** is payable if surgical intervention has been required due to a non-malignant tumour within the spinal canal and originating in or arising from the meninges or spinal cord. The tumour must be interfering with the function of the spinal cord which results in permanent neurological deficit with persisting clinical symptoms and for which surgery has been required.	✕ Cysts ✕ Granulomas ✕ Malformations in arteries and/or veins of spinal cord ✕ Hematomas and/or abscesses ✕ Disc protrusions and/or osteophytes
Bone Marrow Transplant	The **benefit** is payable following surgery as a recipient of a bone marrow transplant (allogenic) when required for the following conditions - Leukemia - Myelodysplastic syndrome - Lymphomas - Neuroblastoma - Ewing sarcoma - Aplastic anemia - Paroxysmal nocturnal hemoglobinuria	✕ Bone marrow transplant for any condition not listed on the left ✕ Any transplant needed as a consequence of alcohol or misuse of drugs that have not been prescribed ✕ Any transplant made possible through the purchase of the required bone marrow from a donor.
Brain aneurysms (requiring surgical treatment)	The **benefit** is payable if surgical intervention has been required due to a brain or cerebral aneurysm that required treatment with craniotomy, endovascular repair or radiosurgery	
Cancer (excluding less advanced cases)	Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).	✕ All cancers which are histologically classified as any of the following: • pre-malignant; • non-invasive; • cancer in situ; • having borderline malignancy; or • having low malignant potential;

Specified Illnesses with a 3-month waiting period (continued)

Illness	What is covered	What is not covered
Cancer (excluding less advanced cases) Continued		✕ All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification T2bN0M0. ✕ Chronic lymphocytic leukaemia. ✕ Any skin cancer other than malignant melanoma or squamous cell carcinoma ✕ Malignant melanoma or squamous cell carcinomas of the skin that are confined to the epidermis (outer layer of skin) ✕ All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0 ✕ All cancer arising from cervical dysplasia ✕ Neuroendocrine tumours without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above. ✕ Gastrointestinal stromal tumours without lymph node involvement or distant metastases unless classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or as UICC/TNM8 stage II or above. ✕ All malignancies that arise directly or indirectly from a pre-existing condition or previous cancer (this means that **you** already had this type of cancer in the past, even if it was before the start of **your policy**). ✕ Cancer arising directly or indirectly from AIDS/HIV
Less advanced cancer/carcinomas In-situ – with surgery	For the covered conditions below **we** will pay 50% of **your** insured **benefit** A **benefit** is payable if surgical intervention has been required due to a diagnosis of a less advanced cancer or carcinoma in-situ of a named site and of specified severity that required surgical treatment. Confirmation of tumour histology and treatment by surgery to remove the tumour will be required. - Gastrointestinal stromal tumour (GIST) or neuroendocrine tumour (NET) of low malignant potential by histological confirmation, that has been treated by surgery to remove the tumour - Ovarian tumour of borderline malignancy/low malignant potential – with surgical removal of an ovary	✕ Any other carcinomas in-situ or less advanced cancer not specified above ✕ Any tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment(other than prostate cancer) ✕ All malignancies that arise directly or indirectly from a pre-existing condition or previous cancer (this means that **you** already had this type of cancer in the past, even if it was before the start of **your policy**). ✕ Cancer arising directly or indirectly from AIDS/HIV

Specified Illnesses with a 3-month waiting period (continued)

Illness	What is covered	What is not covered
Less advanced cancer/carcinomas In-situ – with surgery Continued	- Prostate cancer classified as having a Gleason score of 6 and treatment includes the complete removal of the prostate gland or external beam or interstitial implant radiotherapy, or High Intensity Focused Ultrasound, or Hormone therapy or Cryotherapy - Other carcinomas in-situ of the following specified sites and severity. • Bile duct: **benefit** payable if surgery required to remove the tumour, • Breast (ductal or lobular carcinoma in-situ): **benefit** payable if surgery required to remove the tumour, • Colon or rectum: **benefit** payable if surgery required to remove the tumour, • Gallbladder: **benefit** payable if surgery required to remove the tumour, • Larynx, Lung (or bronchus) : **benefit** payable if surgery required to remove the tumour including laser or radiotherapy treatment, • Oesophagus: **benefit** payable if surgery required to remove the tumour, • Oral cavity (Oropharynx) (including lip, inside of cheek, floor of mouth, tongue, gums, hard palate, soft palate and tonsils): **benefit** payable if surgery required to remove the tumour, • Renal pelvis or ureter: **benefit** payable if surgery required to remove the tumour, • Stomach: **benefit** payable if surgery required to remove the tumour, • Testicular: **benefit** payable if surgery required to remove the tumour, • Urinary bladder: **benefit** payable if surgery required to remove the tumour	✕ Any other carcinomas in-situ or less advanced cancer not specified above ✕ Any tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment(other than prostate cancer) ✕ All malignancies that arise directly or indirectly from a pre-existing condition or previous cancer (this means that **you** already had this type of cancer in the past, even if it was before the start of **your policy**). ✕ Cancer arising directly or indirectly from AIDS/HIV ✕ Treatments including local excision or simple polypectomy for removing part of the colon or rectum ✕ Treatments other than surgery for Oesophagus. Treatment for Barrett's Oesophagus ✕ For Renal pelvis or ureter, non-invasive papillary carcinoma and tumours of TNM classification stage Ta ✕ For urinary bladder, non-invasive papillary carcinoma, stage Ta bladder carcinoma and all other forms of non-invasive carcinomas are not covered
Major organ transplant As recipient	- The **benefit** is payable following surgery as a recipient of a transplant from another person of a complete heart, kidney, liver, lung, or pancreas, or a whole lobe of the lung or liver.	✕ Transplant of any other organs, tissues or cells. ✕ Any transplant needed as a consequence of alcohol or misuse of drugs that have not been prescribed ✕ Any transplant made possible through the purchase of the required organs from a donor.
Severe epilepsy Severe epilepsy here refers to refractory/ drug-resistant epilepsy – it is a form of epilepsy that does not respond to at least two anti-seizure medications.	The **benefit** is payable if the following surgical interventions are required to remove the brain tissue in the area where the seizures originate has been required: - Resective surgery - Laser interstitial thermal therapy - Deep brain stimulation - Corpus callosotomy - Hemispherectomy - Functional hemispherectomy - Surgery for sequelae from encephalitis	

Specified Illnesses with a 7-month waiting period

Illness	What is covered	What is not covered
Heart valve replacement or repair	The **benefit** is payable if surgical intervention has been required, on the advice of a consultant cardiologist, to replace or repair one or more heart valves for any of the following conditions: - Aortic valve stenosis or insufficiency - Mitral valve stenosis or insufficiency - Tricuspid valve stenosis or insufficiency - Pulmonary valve stenosis or insufficiency	✕ Any valvular disorder associated with connective tissue disease ✕ Any valvular disorder associated with congenital heart disease or congenital malformation.
Coronary artery angioplasty/ stenting	The **benefit** is payable following surgery for any of the following procedures to treat a narrowing or blockage in two or more of the main coronary arteries: Balloon angioplasty - Atherectomy - Rotablation - Laser treatment - Insertion of stents For the purpose of this definition main coronary arteries are described as one or more of the following: - Right coronary artery - Left main stem - Left anterior descending - Circumflex This procedure must have been carried out on the advice on a consultant cardiologist to treat severe coronary artery disease in two or more main coronary arteries at the same time, or if the procedure is only performed on one main coronary artery there must be at least 70% diameter narrowing in another main coronary artery.	✕ Procedures to any branches of any of the main coronary arteries ✕ Any other procedures to treat narrowing or blockage of coronary arteries
Coronary bypass surgery	The **benefit** is payable following surgery to divide the breastbone (median sternotomy) or thoracotomy to correct narrowing or blockage of one or more coronary arteries with by-pass grafts when recommended by a Consultant Cardiologist and one of the following situations apply: - There is a left main coronary artery stenosis of over 50%. - There is a diameter reduction of over 70% in the left anterior descending artery. - There is three-vessel disease	✕ Any other surgical procedure or treatment to divide the breastbone or thoracotomy to correct narrowing or blockage of one or more coronary arteries

Specified Illnesses with a 7-month waiting period (continued)

Illness	What is covered	What is not covered
Heart attack Of specified severity	The **benefit** is payable if death of heart muscle, due to inadequate blood supply, has resulted in all of the following evidence of acute myocardial infarction: - Typical clinical symptoms (for example, characteristic chest pain). - New characteristic electrocardiographic changes. - The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher: Troponin T > 200 ng/L (0.2 ng/ml or 0.2 ug/L) - Troponin I > 500 ng/L (0.5 ng/ml or 0.5 ug/L) The evidence must show a definite acute myocardial infarction.	✕ Other acute coronary syndromes. ✕ Angina without myocardial infarction.
Aorta graft surgery For disease only	**Benefit** is payable following surgery to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft.	✕ Procedures to any branches of the thoracic and abdominal aorta ✕ Any other surgical procedure, for example the insertion of stents or endovascular repair
Severe peripheral vascular disease Bypass surgery	**Benefit** is payable following bypass graft surgery to the arteries of the legs following a definite diagnosis by a Consultant Cardiologist or Vascular Surgeon of peripheral vascular disease with objective evidence from imaging of obstruction in the arteries.	✕ Any other surgical procedure, for example the insertion of stents or endovascular repair
Pulmonary artery surgery For disease only	**Benefit** is payable following surgery completed on the advice of a consultant cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft	
Aortic aneurysm With endovascular repair	**Benefit** is payable following surgery completed by endovascular repair on an aneurysm of the thoracic or abdominal aorta with a graft.	✕ Procedures to any branches of the thoracic and abdominal aorta
Carotid artery stenosis Treated by endarterectomy or angioplasty	**Benefit** is payable following surgery completed on the advice of a consultant cardiologist by endarterectomy or therapeutic angioplasty to correct symptomatic stenosis involving at least 70% narrowing or blockage of the carotid artery	
Stroke Resulting in permanent symptoms	**Benefit** payable following the death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in the following evidence of stroke: - Neurological deficit with persistent clinical symptoms lasting at least 7 days; and - Definite evidence of death of tissue or haemorrhage on a brain scan.	✕ Transient ischemic attack ✕ Traumatic injury to brain tissue or blood vessels ✕ Death of tissue of the optic nerve or retina / eye stroke

Appendix 3

The Child Critical Illness Benefit

We will pay out a cash lump sum as specified in the **certificate of insurance** to the member if they suffer from a critical illness as per the schedule below.

The critical illnesses will all have a **waiting period**. Any medical conditions that have been diagnosed or treated, prior to or during the waiting period are not covered.

Specified Illnesses with a 3-month waiting period

Illness	What is covered	What is not covered
Bone Marrow Transplant	The **benefit** is payable following surgery as a recipient of a bone marrow transplant (allogenic) when required for the following conditions - Leukaemia - Myelodysplastic syndrome - Lymphomas - Neuroblastoma - Ewing sarcoma - Aplastic anemia - Paroxysmal nocturnal hemoglobinuria	✕ Bone marrow transplant for any condition not listed above ✕ Any transplant needed as a consequence of alcohol or misuse of drugs that have not been prescribed ✕ Any transplant made possible through the purchase of the required bone marrow from a donor.
Cancer (Excluding less advanced cases)	The **benefit** is payable following any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).	✕ All cancers which are histologically classified as any of the following: • pre-malignant; • non-invasive; • cancer in situ; • having borderline malignancy; or • having low malignant potential; ✕ All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification T2bN0M0. ✕ Chronic lymphocytic leukaemia. ✕ Any skin cancer other than malignant melanoma or squamous cell carcinoma ✕ Malignant melanoma or squamous cell carcinomas of the skin that are confined to the epidermis (outer layer of skin) ✕ All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0 ✕ All cancer arising from cervical dysplasia ✕ Neuroendocrine tumours without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above. ✕ Gastrointestinal stromal tumours without lymph node involvement or distant metastases unless classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or as UICC/TNM8 stage II or above. ✕ All malignancies that arise directly or indirectly from a pre-existing condition or previous cancer (this means that **you** already had this type of cancer in the past, even if it was before the start of **your policy**). ✕ Cancer arising directly or indirectly from AIDS/HIV

Specified Illnesses with a 3-month waiting period (continued)

Illness	What is covered	What is not covered
Benign Brain Tumour (requiring surgical treatment)	The **benefit** is payable if surgical intervention has been required due to a non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.	✕ Tumours in the pituitary gland ✕ Tumours originating from bone tissue ✕ Angioma and cholesteatoma
Brain aneurysms (requiring surgical treatment)	The **benefit** is payable if surgical intervention has been required due to a brain or cerebral aneurysm that required treatment with craniotomy, endovascular repair or radiosurgery	
Arteriovenous malformation of the brain (requiring surgical treatment)	The **benefit** is payable if surgical intervention is required following Arteriovenous malformation (AVM) of the brain that required craniotomy, endovascular repair or radiosurgery	✕ Cysts ✕ Granulomas ✕ Malformations in arteries and/or veins of spinal cord ✕ Hematomas and/or abscesses ✕ Disc protrusions and/or osteophytes
Severe epilepsy Severe epilepsy here refers to refractory/ drug-resistant epilepsy – it is a form of epilepsy that does not respond to at least two anti-seizure medications.	The **benefit** is payable if the following surgical interventions are required to remove the brain tissue in the area where the seizures originate has been required: - Resective surgery - Laser interstitial thermal therapy - Deep brain stimulation - Corpus callosotomy - Hemispherectomy - Functional hemispherectomy - Surgery for sequelae from encephalitis	✕ Procedures to any branches of the thoracic and abdominal aorta
Trauma Requiring prosthesis	The **benefit** is payable if any of the following types of prosthesis are needed to replace the lost limb, or part of it due to trauma or an accident if the following types of prosthesis are needed: - Passive devices - Body-powered devices - Bionic devices	✕ The loss of a limb due to disease If an accident occurs during the waiting period requiring a prosthesis **we** will consider a claim on a case-by-case basis.
Kawasaki syndrome	The **benefit** is payable following a definite diagnosis of Kawasaki syndrome, that has caused cardiovascular sequelae, by a consultant cardiologist.	
Bacterial Meningitis	The **benefit** is payable following a definite diagnosis of bacterial meningitis by a consultant or medical doctor	✕ All other forms of meningitis other than those caused by bacterial infection.
Encephalitis	The **benefit** is payable following a definite diagnosis of encephalitis by a consultant neurologist	✕ Chronic fatigue syndrome and myalgic encephalitis
Less advanced cancer/carcinomas In-situ – with surgery	A **benefit** is payable if surgical intervention has been required due to a diagnosis of a less advanced cancer or carcinoma in-situ of a named site and of specified severity that required surgical treatment. Confirmation of tumour histology and treatment by surgery to remove the tumour will be required.	✕ Any other carcinomas in-situ or less advanced cancer not specified above ✕ Any tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment(other than prostate cancer)

Specified Illnesses with a 3-month waiting period (continued)

Illness	What is covered	What is not covered
Less advanced cancer/carcinomas In-situ – with surgery Continued	- Gastrointestinal stromal tumour (GIST) or neuroendocrine tumour (NET) of low malignant potential by histological confirmation, that has been treated by surgery to remove the tumour - Ovarian tumour of borderline malignancy/low malignant potential – with surgical removal of an ovary - Prostate cancer classified as having a Gleason score of 6 and treatment includes the complete removal of the prostate gland or external beam or interstitial implant radiotherapy, or High Intensity Focused Ultrasound, or Hormone therapy or Cryotherapy - Other carcinomas in-situ of the following specified sites and severity. • Bile duct: **benefit** payable if surgery required to remove the tumour, • breast (ductal or lobular carcinoma in-situ): **benefit** payable if surgery required to remove the tumour, • Colon or rectum: **benefit** payable if surgery required to remove the tumour, • Gallbladder: **benefit** payable if surgery required to remove the tumour, • Larynx, Lung (or bronchus): **benefit** payable if surgery required to remove the tumour including laser or radiotherapy treatment, • Oesophagus: **benefit** payable if surgery required to remove the tumour, • Oral cavity (Oropharynx) (including lip, inside of cheek, floor of mouth, tongue, gums, hard palate, soft palate and tonsils): **benefit** payable if surgery required to remove the tumour, • Renal pelvis or ureter: **benefit** payable if surgery required to remove the tumour, • Stomach: **benefit** payable if surgery required to remove the tumour, • Testicular: **benefit** payable if surgery required to remove the tumour, • Urinary bladder: **benefit** payable if surgery required to remove the tumour	✕ All malignancies that arise directly or indirectly from a pre-existing condition or previous cancer (this means that **you** already had this type of cancer in the past, even if it was before the start of **your policy**). ✕ Cancer arising directly or indirectly from AIDS/HIV ✕ Treatments including local excision or simple polypectomy for removing part of the colon or rectum ✕ Treatments other than surgery for Oesophagus. Treatment for Barrett's Oesophagus ✕ For Renal pelvis or ureter, non-invasive papillary carcinoma and tumours of TNM classification stage Ta ✕ For urinary bladder, non-invasive papillary carcinoma, stage Ta bladder carcinoma and all other forms of non-invasive carcinomas are not covered

Specified Illnesses with a 7-month waiting period

Illness	What is covered	What is not covered
Aortic heart valve replacement or repair As a result of rheumatic heart disease	The **benefit** is payable if, on the advice of a consultant cardiologist, surgery is required to replace or repair the aortic heart value as a result of rheumatic heart disease.	✕ Any other cause of valvular disorder or disease

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